

Case Number:	CM14-0097259		
Date Assigned:	09/23/2014	Date of Injury:	01/31/2010
Decision Date:	12/17/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/25/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Ohio. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 51-year-old female the date of injury of January 31, 2010. She had a fall at work resulting in low back pain. Ultimately she had a spinal fusion in 2012 with a revision surgery in 2013. She continues to experience 7-8/10 pain, which is an improvement, with radiation in the lower extremities. She has been taking opiates and Lyrica for pain, Flexeril for spasm and topical analgesics as well. She has a history of anxiety and depression. Previously she had been treated by a psychiatrist with antidepressants and a variety of antipsychotics. She has been extremely depressed and has voiced suicidal ideation at times. On May 06, 2014 she was evaluated in the emergency room for increasing depression but found not to be actively suicidal. An outpatient referral was made for a psychiatric assessment, the results of which are not available. She had been enrolled in an outpatient pain program through a hospital and was actively seeing the pain management physician and a behavioral therapist, but not a psychiatrist. Her physical exam reveals bilateral sacroiliac joint and greater trochanteric tenderness, positive straight leg raise testing bilaterally, a bilaterally positive Faber test, and normal motor strength of the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

In Patient Hospital Pain Program, Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Anthem, Acute Inpatient Rehabilitation Guidelines

Decision rationale: The Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines do not specifically address criteria for admission to an inpatient hospital pain program. Guidance can be found from Anthem's acute inpatient rehabilitation guidelines: Medically Necessary: Acute inpatient rehabilitation services are medically necessary when all of the following are present: 1. Individual has a new (acute) medical condition or an acute exacerbation of a chronic condition that has resulted in a significant decrease in functional ability such that they cannot adequately recover in a less intensive setting; AND 2. Individual's overall medical condition and medical needs either identify a risk for medical instability or a requirement for physician and other personnel involvement generally not available outside the hospital inpatient setting; AND 3. Individual requires an intensive inter-disciplinary, coordinated rehabilitation program (as defined in the description of service) with a minimum of three (3) hours active participation daily; AND 4. Individual is medically stable enough to no longer require the services of a medical/surgical inpatient setting; AND 5. The individual is capable of actively participating in a rehabilitation program, as evidenced by a mental status demonstrating responsiveness to verbal, visual, and/or tactile stimuli and ability to follow simple commands. For additional information regarding cognitive status, please refer to the Rancho Los Amigos Cognitive Scale ; AND 6. Individual's mental and physical condition prior to the illness or injury indicates there is significant potential for improvement; AND 7. Individual is expected to show measurable functional improvement within a maximum of seven (7) to fourteen (14) days (depending on the underlying diagnosis/medical condition) of admission to the inpatient rehabilitation program; AND 8. The necessary rehabilitation services will be prescribed by a physician, and require close medical supervision and skilled nursing care with the 24-hour availability of a nurse and physician who are skilled in the area of rehabilitation medicine; AND 9. Therapy includes discharge plan. In this instance, the treating providers were nearly unanimous in that the injured worker needed urgent psychiatric evaluation as she was experiencing severe depression which interfered with her recovery, was taking no psychiatric medications, had lost her psychiatrist, and had voiced suicidal ideation. She was evaluated in the emergency room on 5-6-2014 and thought not to be actively suicidal. She was referred to an outpatient facility. On 6-10-2014 the treating physician opined that she ought to be in an inpatient setting seeing a psychiatrist or at least seeing a psychiatrist frequently as an outpatient. Inpatient treatment was previously denied as it was felt the injured worker could not participate at least 3 hours a day, which is also one of Anthem's requirements. In this reviewer's opinion, the injured worker's pain has improved somewhat after her second surgery in terms of pain. It appears that what she needs most of all is re-establishment with a psychiatrist. There does not appear to be any reason why her treatment could not progress were the injured worker to establish with and get treatment from a psychiatrist. If she were to become actively suicidal, then of course inpatient hospitalization is the likely best option. Direct hospitalization is probably the least cost effective way to achieve a psychiatric consultation. Additionally, we do not know what the injured workers physical and mental condition was before her injury and so it cannot be said that she has the capacity for substantial improvement. We do know that she is fully capable of getting to doctors' appointments and attending physical therapy. Thus it seems the only reason to

consider an inpatient pain program is greater access to psychiatry. Therefore, In Patient Hospital Pain Program, Lumbar Spine is not medically necessary.